

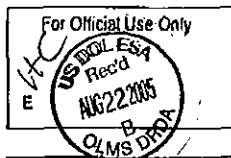
U.S. Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0108
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>14082</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>MELCHOR</u> <u>ALMAQUER</u> P.O. Box, Bldg., Room No., if any _____ Street <u>7930 US Hwy 301 N.</u> City <u>TAMPA</u> State <u>Florida</u> ZIP Code + 4 <u>33637-6765</u>	4. Name, file number, and address of labor organization. Name <u>ASBESTOS WORKERS LOCAL UNION 67</u> Labor Organization File Number <u>022-175</u> P.O. Box, Building and Room Number, if any _____ Street <u>7930 US Hwy 301 N.</u> City <u>TAMPA</u> State <u>Florida</u> ZIP Code + 4 <u>33637-6765</u>
5. Position in labor organization. <u>PRESIDENT</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

8/12/05

Date

813-985-3067

Telephone Number

Name of Person Filing MELCHOR ALMAQUER		File Number U-	
<p>B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.</p>			
<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input style="width: 100%;" type="text"/></p> <p>Trade Name, if any: <input style="width: 100%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 100%;" type="text"/></p> <p>Street <input style="width: 100%;" type="text"/></p> <p>City <input style="width: 100%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>		<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>	
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input style="width: 100%;" type="text"/></p> <p>Trade Name, if any: <input style="width: 100%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 100%;" type="text"/></p> <p>Street <input style="width: 100%;" type="text"/></p> <p>City <input style="width: 100%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>		<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div> <p>11.b. Approximate dollar value of such dealing. <input style="width: 100%;" type="text"/></p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>12.b. Amount. <input style="width: 100%;" type="text"/></p>	
<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>			
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input style="width: 100%;" type="text"/> ASBESTOS WORKERS LOCAL UNION 67</p> <p>Trade Name, if any: <input style="width: 100%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 100%;" type="text"/></p> <p>Street <input style="width: 100%;" type="text"/> 7930 US Hwy 301 N.</p> <p>City <input style="width: 100%;" type="text"/> TAMPA</p> <p>State <input style="width: 20%;" type="text"/> Florida ZIP Code + 4 <input style="width: 20%;" type="text"/></p>		<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; padding: 5px;"> <p>Reimbursement for out of pocket expenses incurred while performing administrative activities.</p> <p>Date of payment: 4/28/2004</p> </div>	
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>		<p>14.b. Amount of payment. <input style="width: 100%;" type="text"/> \$475</p>	

Name of Person Filing MELCHOR ALMAQUER		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name <input style="width: 100%;" type="text"/> Trade Name, if any: <input style="width: 100%;" type="text"/> P.O. Box, Bldg., Room No., if any <input style="width: 100%;" type="text"/> Street <input style="width: 100%;" type="text"/> City <input style="width: 100%;" type="text"/> State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 30%;" type="text"/>		9. Business deals with: <input type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name <input style="width: 100%;" type="text"/> Trade Name, if any: <input style="width: 100%;" type="text"/> P.O. Box, Bldg., Room No., if any <input style="width: 100%;" type="text"/> Street <input style="width: 100%;" type="text"/> City <input style="width: 100%;" type="text"/> State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 30%;" type="text"/>		11.a. Nature of such dealing. <input style="width: 100%; height: 80px;" type="text"/> 11.b. Approximate dollar value of such dealing. <input style="width: 100%;" type="text"/> 12.a. Nature of interest held or income received. <input style="width: 100%; height: 100px;" type="text"/> 12.b. Amount. <input style="width: 100%;" type="text"/>	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name <input style="width: 100%;" type="text"/> ASBESTOS WORKERS LOCAL UNION 67 Trade Name, if any: <input style="width: 100%;" type="text"/> P.O. Box, Bldg., Room No., if any <input style="width: 100%;" type="text"/> Street <input style="width: 100%;" type="text"/> 7930 US Hwy 301 N. City <input style="width: 100%;" type="text"/> TAMPA State <input style="width: 20%;" type="text"/> Florida ZIP Code + 4 <input style="width: 30%;" type="text"/>		14.a. Nature of payment. Reimbursement for out of pocket expenses incurred while performing administrative activities. Date of payment: 5/16/2004	
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?		14.b. Amount of payment. <input style="width: 100%;" type="text"/> \$393	